



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000130201		2. Name of Corporation ISLAND SUN TANNING CORPORATION			
3. Street Address Principal Business Office 21 KING CHARLES DRIVE			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 401-683-0613		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TANNING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUANN LAWRENCE			Vice President Name KATHLEEN COX		
Street Address 44 CLIFF AVE			Street Address 1811 SOUTHLAKE DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City MIDDLEBURGH	State FL	Zip 32068
Secretary Name ERIC JOHNSEN			Treasurer Name CHERYLYNN SHEEHY		
Street Address 1 BRIAN DRIVE			Street Address 33 CAMARA DRIVE		
City BRISTOL	State RI	Zip 02809	City PORTSMOUTH	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 4000	Class/Series CNP	Par Value 0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by a receiver or trustee.

FILED

FEB 27 2009

File Date	80-11-08
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Louann Lawrence
Date: 1/7/9
Print or Type Name: LOUANN LAWRENCE
Title: PRESIDENT